

REQUEST FOR A STATE CERTIFIED COPY OF MARRIAGE RECORD

VS-39MST Revised: 11/12/2008

PLEASE PRINT**DO NOT MAIL CASH**

GROOM/SPOUSE	FULL LEGAL NAME BEFORE MARRIAGE		
	FIRST	MIDDLE	LAST
BRIDE/SPOUSE	FULL LEGAL NAME BEFORE MARRIAGE		
	FIRST	MIDDLE	LAST
DATE OF MARRIAGE (MONTH/DAY/YEAR)		PLACE OF MARRIAGE (TOWN)	

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-51A, ONLY THE BRIDE, GROOM, SPOUSE, OFFICIATOR OF THE MARRIAGE, TOWN CLERK OR REGISTRAR LISTED ON THE MARRIAGE CERTIFICATE, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A MARRIAGE CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBERS OF THE BRIDE, GROOM OR SPOUSE.

ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE MARRIAGE CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBERS.

PERSON MAKING THIS REQUEST:NAME: _____
FIRST MIDDLE LAST NAMEADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ E-MAIL ADDRESS (optional): _____

RELATION TO PERSON NAMED IN CERTIFICATE: _____

SIGNATURE: **X** _____**THE LEGAL FEE IS \$10.00 PER COPY.**

NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: \$ _____

FEE: \$10.00 PER COPY. REMIT MONEY ORDER MADE PAYABLE TO: 'TREASURER, STATE OF CT'**(Personal Checks are not accepted)****MAIL THIS REQUEST TO:**

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION
CUSTOMER SERVICES, MS 11VRS
P.O. BOX 340308
HARTFORD, CT 06134-0308**